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FACSIMILE INFORMATION SHEET

DATE: March 6, 2006

TIME: 11:45 AM

RE: Application No: 10/708,808

Applicant: John R. Mitchell

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THE FOLLOWING PAGES ARE FOR
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NAME OF FIRM/COMPANY:

USPTO - Group Art Unit 3743

FACSIMILE (FAX) NO.

571-273-8300

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Gregory G. Williams

TOTAL NUMBER OF PAGES
(Including this Sheet):

20 PAGES

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MESSAGE: Please enter the following Amendment and accompanying documents in the above-referenced patent application.

Mar. 6. 2006 3:06PM 10, SIMMONS, PERRINE-I.C.

No. 7013 P. 2/20

Applicant: John R. Mitchell
Filing date: March 26, 2004
Group Art Unit: 3743
Examiner: A. Wieker
Attorney DN 04M1700

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PTO/SB/97 (09-04)

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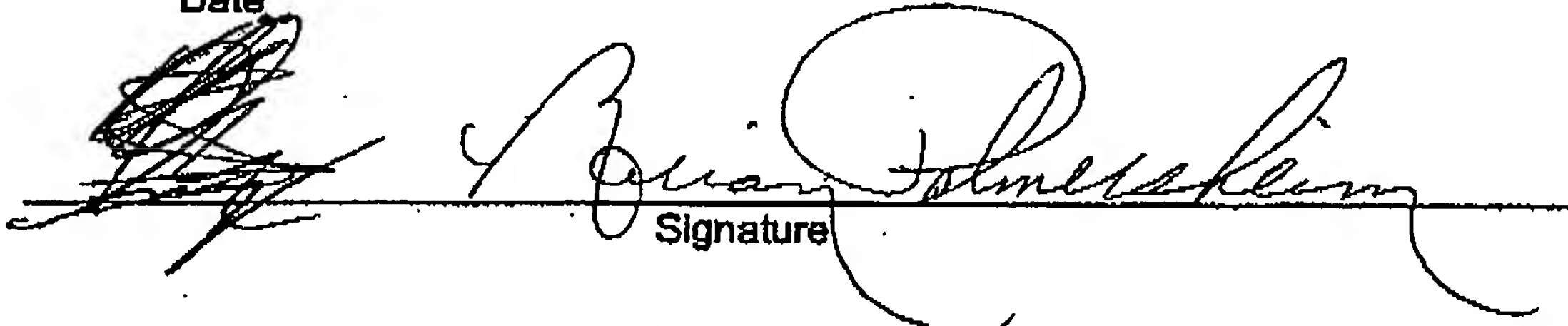
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Amendment in response to Office Action of December 8, 2005

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No. 7013 P. 3/20
MAR 06 2006

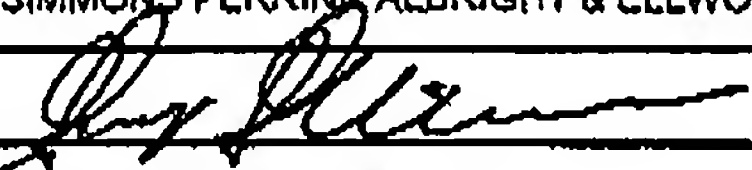
PTO/SB/21 (09-04)

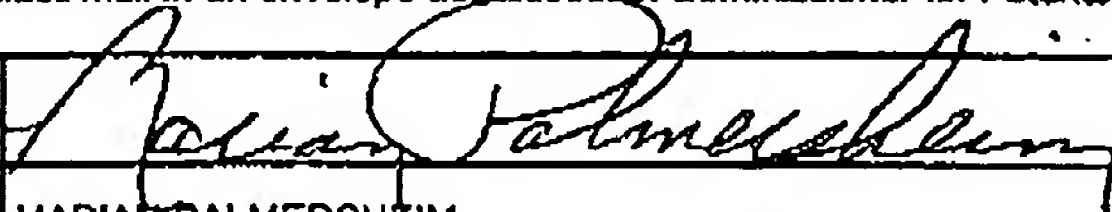
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/708,808	
	Filing Date	MARCH 28, 2004	
	First Named Inventor	JOHN R. MITCHELL	
	Art Unit	3743	
	Examiner Name	A. WIEKER	
Total Number of Pages in This Submission	20	Attorney Docket Number	04M1700

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): CREDIT CARD PAYMENT FORM
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	SIMMONS PERRINE ALBRIGHT & ELLWOOD, P.L.C.		
Signature			
Printed name	GREGORY G. WILLIAMS		
Date	MARCH 6, 2006	Reg. No.	31,681

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Typed or printed name	MARIAN PALMERSHEIM	Date	MARCH 6, 2006

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 200.00

Complete if Known

Application Number	10/708,808
Filing Date	MARCH 26, 2004
First Named Inventor	JOHN R. MITCHELL
Examiner Name	A. WIEKER
Art Unit	3743
Attorney Docket No.	04M1700

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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5 - 3 or HP = 2 x 100 = 200.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____


4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

Fees Paid (\$)

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 31,681	Telephone 319-887-1368
Name (Print/Type)	GREGORY G. WILLIAMS		Date MARCH 6, 2006

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PATENT
Attorney Docket No. 04M1700

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: John R. Mitchell

Group Art Unit No. 3743

Serial No.: 10/708,808

Examiner: A. Wicker

Filed: March 26, 2004

For: SYSTEM AND METHOD FOR CORRECTING CLUB FOOT PROBLEMS
IN CHILDREN

March 6, 2006

AMENDMENT

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to an Office Action dated December 8, 2005, the Applicant
requests that the above-referenced application be amended as follows:

Amendments to the Claims are reflected in the listing of the claims that begins on
page 2 of this paper.

Remarks/Arguments begin on page 12 of this paper.

03/07/2006 MBINAS 00000015 10708800

01 FC:2201

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